

Please use black or blue ink because it is easy to read and copies best. Please print your answers. If you need more space to answer a question, attach additional sheets of paper to provide the information. Please be sure to identify each question you are writing about on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST) James E. and Myron OTHER NAMES (NICKNAMES, ETC.) Jack SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS) 274-81-5387

HOME ADDRESS OR DIRECTIONS TO YOUR HOME APARTMENT # CITY COUNTY STATE ZIP CODE

ALTERNATE ADDRESS (IF DIFFERENT FROM ABOVE) APARTMENT # CITY COUNTY STATE ZIP CODE

Want to get information about this application by email? ☐ Yes ☒ No I want to get messages about my case by email ☐ Yes ☒ No

HOME PHONE WORK/ALTERNATE PHONE NUMBER EMAIL ADDRESS

San Mateo County

EMERGENCY CalFresh BENEFITS NOTICE

Department of Human Assistance

If you need food right away you may get CalFresh benefits within three (3) days. This is called **Expedited Service**. When you apply for CalFresh benefits, a County worker will tell you about Expedited Service.

To get Expedited Service, you must fill out an application for CalFresh which includes your Name, address and signature using one of the forms listed below:

- the SAWS 1 form, "Application for Cash Aid, CalFresh, and/or Medi-Cal/State CMSP";
- the SAWS 2 PLUS;
- CF 285 Application for CalFresh Benefits; or
- Benefits CalVIN, "Application for CalFresh Benefits".

You will get an interview for Expedited Services CalFresh if you answer "yes" to any of the three questions below:

- Your monthly income is less than \$150 -and- you have \$100 or less in cash
- Your housing costs (rent/mortgage and utilities) are more than your monthly income and cash
- You are a migrant or seasonal farm worker -and- have \$100 or less in cash

Special Note: For Homeless Applicants: Homeless applicants should advise clerical that they are "Homeless" when turning in the application.

*Have you applied for or are you receiving Tribal TANF? YES ___ NO ☒

SC 238.2 (Revised 9/2016)

- I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties.

NATURE OF APPLICANT CARETAKER RELATIONSHIP (IF ADULT HOUSEHOLD MEMBER AUTHORIZED REPRESENTATIVE/GUARDIAN) you have an Authorized Representative, please complete Question 2 on the next page.

DATE

01/27/2021

SIGNATURE OF SPOUSE, OTHER ADULT, OTHER ADULT OR REGISTERED DOMESTIC PARTNER

DATE

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1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)

James E. Horta

CHURCH, SCHOOL, NICKNAME, ETC.

Sanct

SOCIAL SECURITY NUMBER IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS

374-815282

HOME ADDRESS OR PHYSICAL COUNSEL HOME

CITY

COUNTY

STATE

ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE

CITY

COUNTY

STATE

ZIP CODE

I want to get information about this application by email.

HOME PHONE

REPLACEMENT MESSAGE PHONE

EMAIL ADDRESS

I want to get messages about my case by email.

Yes

No

What programs are you applying for?

Health Coverage ☐ Other ☐

CalFresh ☐

Cash Aid ☐

Do you have a disability and need help applying?

Yes

No

Are you homeless?

Yes

No

If yes, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)?

What language do you prefer to speak (if not English)?

The County will provide an interpreter at no cost to you.

If you are deaf or hard of hearing please check here ☐

Is your household's gross income less than \$150 and cash on hand, checking and savings accounts \$100 or less?

Yes

No

Have your utilities been shut off or do you have a shut-off notice?

Yes

No

Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?

Yes

No

Will your food run out in 3 days or less?

Yes

No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100?

Yes

No

Do you need help with transportation to get food, clothing, medical care or other emergency items?

Yes

No

Do you have an eviction notice or a notice to pay rent or leave?

Yes

No

Do you need essential clothing, such as diapers or clothing needed for cold weather?

Yes

No

Is anyone pregnant?

Yes

No

If yes, did she get a Presumptive Eligibility card?

Yes

No

Does anyone in your household have a personal emergency?

Yes

No

If yes, check box:

Pregnancy

Threatens health or safety. Explain

Child Abuse

Domestic Abuse

Elder Abuse

Other emergency which

I am submitting SAK application dated on 12/20/21 as a sign for during Covid during the submitted information to plane, obviously, it was intercepted and lost. I have attempted to find it, but it was not found. I am submitting this application under penalty of perjury (making false statements), that the information is true, correct, and complete to the best of my knowledge.

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- Any answers I have given on pages 1 through 17 and appendices A through E of the SAKS 2 Plus are true, correct, and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1).
- I read, or had read to me, the Program Rules and Penalties (Program Rules Pages 2-4).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits and cash aid.
- I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties.

SIGNATURE OF APPLICANT, CARETAKER RELATIVE OR ADULT HOUSEHOLD MEMBER AUTHORIZED REPRESENTATIVE (YOURNAME) you have an Authorized Representative, please complete Question 2 on the next page.

SIGNATURE OF SPOUSE, OTHER ADULT HOUSEHOLD MEMBER OR RESIDENTIAL DOMESTIC PARTNER

DATE

01/27/2021

DATE

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- Benefits CaWIN, "Application for CalFresh Benefits".

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Special Note: For Homeless Applicants Homeless applicants should advise clerical that they are "Homeless" when turning in the application.

*Have you applied for or are you receiving Tribal TANF? YES ___ NO ☒

SC 239.2 (Revised 9/2018)

<u>Horton</u> <u>James E</u>		<u>08/11/1976</u>		<u>374-54-5362</u>	
<input checked="" type="checkbox"/> Male	Other Name Used (i.e. Maiden Name, etc.)	Place of Birth		Marital Status	
<input type="checkbox"/> Female	<u>Jacob</u>	<u>Swickley, PA</u>		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	
US Citizen?		Requesting Aid		Migrant or Seasonal Farm Worker?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, date of entry into U.S. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Alien "A" No. (if applicable) _____		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are you a refugee? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CIN # _____		CWIN # _____			

2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU:

Last Name		First Name		Middle Initial		Date of Birth		Social Security Number	
<input type="checkbox"/> Male		Other Name Used (i.e. Maiden Name)		Place of Birth		Marital Status:			
<input type="checkbox"/> Female						<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
US Citizen?		Requesting Aid		Applicant Alien "A" No. (if applicable)		Migrant or Seasonal Farm Worker?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, date of entry into U.S. _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to applicant:		CIN # _____				CWIN # _____			

Continue on other side

Please answer all questions

Today's Date 10-29-2020Program(s) you are applying for: ☐ CalWORKs ☐ General Assistance ☐ CalFresh ☐ Health Coverage ☐ RCA ☐ CAP

Applicant Questions – Answer all questions	Clerical Instructions
Have you served or are you a dependent of someone who served in the military? <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> CWS issued with bureau code written in Bureau Code section. Ask customer to complete and return form to designated drop box or window. <input type="checkbox"/> N/A
Were you in Foster Care on your 18 th birthday? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	If yes, give customer MC 250A. Do not give packet.
Have you applied for Health Coverage through Covered California? <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No	If yes, check External Referral Window in CalWIN for application and follow CP030.
Have you had recent changes in your life that made you want to apply for health insurance? If yes, check all that apply: <input type="checkbox"/> Adoption <input type="checkbox"/> Birth of family member <input type="checkbox"/> Death of family member <input type="checkbox"/> Divorced <input type="checkbox"/> Incarceration Status Change <input type="checkbox"/> Lost job <input type="checkbox"/> Married <input type="checkbox"/> Moved into the State/County <input type="checkbox"/> New Hire When did this life event occur?	Answer questions regarding Life Event on Collect Applicant Information Window in CalWIN

1. Applicant Information

Applicant's Last Name		First Name	Middle Initial	Date of Birth	Social Security Number
<u>Harker</u>		<u>Jane</u>	<u>E</u>	<u>08/11/1976</u>	<u>274-84-5382</u>
<input checked="" type="checkbox"/> Male	Other Name Used (i.e. Maiden Name, etc.) <u>Jacob</u>			Place of Birth <u>Scranton, PA</u>	Marital Status: <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
<input type="checkbox"/> Female					
US Citizen?	If no, date of entry into U.S.	Requesting Aid	Applicant Alien "A" No. (if applicable)	Migrant or Seasonal Farm Worker?	Are you a refugee?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CIN #			CWIN #		

2. Please Fill In Information About Your SPOUSE/OTHER ADULT (Parent of Minor Children) LIVING WITH YOU:

Last Name		First Name	Middle Initial	Date of Birth	Social Security Number
<input type="checkbox"/> Male	Other Name Used (i.e. Maiden Name)			Place of Birth	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
<input type="checkbox"/> Female					
US Citizen?	If no, date of entry into U.S.	Requesting Aid	Applicant Alien "A" No. (if applicable)	Migrant or Seasonal Farm Worker?	Are you a refugee?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to applicant			CIN #		CWIN #

Continue on other side

Complete 10292020
ClfrshRnw/Applictn continued,
attached